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ABSTRACT

Data relating to population and family planning in twelve foreign countries are presented in these situation reports. Countries included are Bahrain, Central African Republic, Gabon, Iraq, Jordan, Kuwait, Lesotho, Libya, Saudi Arabia, Swaziland, Syria, and Yemen Arab Republic. Information is provided, where appropriate and available, under two topics, general background and family planning situation. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth and death rates. Family planning situation considers family planning associations and personnel, government attitudes, legislation, family planning services, education/information, sex education, training opportunities for individuals, families, and medical personnel, program plans, government plans, and related supporting organizations. Bibliographic sources are given. (BL)

Situation Report

Distribution *

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Country BAHRAIN

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

ED 061072

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			598 sq.kms.
Total Population			213,000 (January 1970)
Population growth rate			3.3%
[illegible] rate			53 per 1,000 (1965)
Death rate			20 per 1,000 (1965)
Infant mortality rate			...
Women in fertile age group (15-50)			35,890 (1965)
Population under 15			45% (App.)
Urban Population			64.4% (1970)
GNP per capita			US$390 (1969)
GNP per capita growth rate			4.7% (1960-69)
Population per doctor			1810 (1967)
Population per hospital bed			135 (1967)

*This report is not an official publication but has been prepared for informational and consultative purposes.

SE 013 430

I. GENERAL BACKGROUND

The Bahrain Archiepelago is situated off the coast of Qatar and consists of 33 islands, the majority of which are small. The total area is only about 600 square kilometres. Bahrain had a protectorate status with the United Kingdom for many years, the latter being responsible for foreign affairs and defence. In 1971 Bahrain declared its independence but it continues to have close relations with the United Kingdom.

Ethnic Groups and Language

Most Bahrains are of Arab descent and speak Arabic. There are, however, significant ethnic minorities of immigrants, mainly from India and other Arab countries.

Religion

Nearly all Bahrains are Muslims.

Economy

Bahrain was one of the first localities in the area where the commercial production of oil took place, this having had a great effect on the structure of the economy. The traditional economic pursuits in Bahrain, fishing and the raising of livestock have subsequently been decreasing in importance, both absolutely but even more so, relatively. Apart from direct oil exploitation and drilling, there is a large refinery in Bahrain which, in addition to refining all the local production, processes substantial amounts of crude oil from Saudi Arabia. In addition there are bottling plants, brick factories and a variety of institutions catering to the oil industry. In recent years there has been increased emphasis on industrial and agricultural diversification because the proven oil reserves are rather limited and higher education levels demand more scope.

Communications and Education

In 1968 there were 65,000 radio and 21,000 television (106 per 1,000 inhabitants) receivers.

The educational system in Bahrain has priority and is well developed. The adjusted school enrolment figures are 118 for primary and 46 for secondary education, indicating that there is some repeating of grades.

Medical and Social Welfare

The basic health services are fairly well developed.

II. FAMILY PLANNING SITUATION

There is no policy on family planning at the moment and there is no family planning association. However, contraceptive supplies are available commercially.

Recently the Ministry of Public Health has shown some interest in incorporating family planning services in its clinical activities.

Situation Report

Distribution *

Country CENTRAL AFRICAN REPUBLIC Date FEBRUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		622,984 sq.kms.
Total population		1,522,000 (1970)[1]
Population growth rate		2.2% (1963-70)[1]
Birth rate		46.1 per 1,000 (1965-70)[1]
Death rate		25.1 per 1,000 (1965-70)[1]
Infant mortality rate		190 per 1,000 (1965-70)[1]
Women of fertile age (15-44)		311,900 (1966)[1]
Population under 15		41.5% (1966)[1]
Urban population		23.8% (1970)[2]
GNP per capita		US$130 (1969)[3]
GNP per capita growth rate		0.0% (1960-69)[3]
Population per doctor		31,720 (1967)[4]
Population per hospital bed		410 (1968)[4]

1. UN Demographic Yearbook 1970
2. Kingsley Davis, World Urbanisation 1950-70
3. World Bank Atlas 1971
4. UN Statistical Yearbook 1970

GENERAL BACKGROUND

The Central African Republic became an independent republic within the French Community in 1960. The President is General Jean-Bedel Bokassa.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

A landlocked country, the population is concentrated in the west, while large areas in the east are almost uninhabited. Overall density is about 2 per square kilometre. The capital, Bangui, has a population of approximately 240,000.

Ethnic Groups

There are various ethnic groups, but the Banda and Baya tribes make up nearly two-thirds of the population.

Language

The official language is French. Sangha is a lingua franca and has been adopted as a national language.

Religion

Some 60% of the population follow traditional beliefs, about 20% are Roman Catholic, 15% Protestant, and 5% Muslim.

Economy

The majority of the population work on the land, and much agricultural production is for subsistence. Large areas are not cultivable. Main export crops are cotton and coffee. Groundnuts are an important food crop.

The country has a forest region in the south-west, and timber is exploited on a small scale. Diamonds have until recently been almost the only form of mineral produced, but uranium has been discovered and will be of growing importance as an exportable mineral.

Industrial production is not well developed and is confined to processing of primary products and a few light manufactures. Main exports in 1968, in order of importance, were: diamonds, cotton, coffee and wood.

Communications/Education

Radio:	52.5 sets per 1,000 people (1970)
Television:	0.4 sets per 1,000 people (1970)
Cinema:	1.53 seats per 1,000 people (1969)
Newspapers:	0.6 copies per 1,000 people (1967)

The cost and difficulties of transportation are a major obstacle to development. The River Oubangui is the only commercially navigable river, providing the main outlet for external trade. The exit to the sea is a circuitous route by river to Brazzaville, and from there by train to Pointe-Noire on the Congolese coast. The road system is fairly extensive, but much of it is seasonally unusable. An agreement has been made to extend the Trans-Cameroon railway to Bangui

School enrolment: 1968: primary 156,178, secondary 7,282

A university was founded in Bangui in 1970.

Medical

A medical faculty is included in the new university. Expectation of life at birth in 1960 was 33 for men and 36 for women.

Family Planning Situation

It is unlikely that an association will be created or a Government programme started in the forseeable future. The Government at present favours an increase in population.

In January 1971, a Population Office was created within the Ministry of Health, and the Ministry was renamed the Ministry of Health and Population. The Office will be concerned primarily with gathering demographic information on a nation-wide scale. Dr. Simon N'garo is Director of Health, Social Affairs and Population. He attended the 'Population in African Development' conference in Accra in December 71.

Sources

Europa Yearbook 1971

Africa 71

Situation Report

Distribution*

Country: GABON

Date: JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	LATEST AVAILABLE FIGURES
Area	267,667 sq.kms.
Total population	500,000 (1970)[1]
Population growth rate	1.3% (1965-70)[1]
Birth rate	32.5 per 1,000 (1965-70)[1]
Death rate	25 per 1,000 (1965-70)[1]
Infant mortality rate	229 per 1,000 (1965-70)[1]
Women of fertile age (15-44)	111,400(1965)[2]
Population under 15	36.2% (1965)[2]
Urban population	20.8%(1970)[3]
GNP per capita	US$320 (1969)[4]
GNP per capita growth rate	0.6%(1960-69)[4]
Population per doctor	5,910(1967)[5]
Population per hospital bed	110 (1968)[5]

1. UN Demographic Yearbook 1970
2. UN Demographic Yearbook 1969
3. Kingsley Davis, World Urbanisation 1950-70.
4. World Bank Atlas 1971
5. UN Statistical Yearbook 1970.

GENERAL BACKGROUND

Gabon has been an independent republic within the French community since 1960. The President since 1967 has been Albert-Bernard Bongo.

Population density, about 7 per square mile, is one of the lowest in Africa. The capital, Libreville, has a population of approximately 75,000.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

Ethnic Groups

There are some 40 different tribal groups. The largest is the Fang, which accounts for about one third of the population.

Language

The official language is French, but each tribe has its own language.

Religion

About 70% of the population are Christians, the majority Roman Catholic.

Economy

The majority of the population gains a living from agriculture, but the economy rests primarily on the exploitation of minerals and timber. The economic history of Gabon since independence has been one of growing prosperity, based on considerable deposits of minerals, oil, natural gas, manganese, uranium and gold. Commercial agriculture is not well developed, and is of declining importance. In 1968, agricultural exports - mainly cocoa, coffee and palm oil - were less than 2% of total exports. Main exports are crude oil, manganese and uranium.

Gabon is a member of the Central African Customs and Economic Union.

Communications/Education

The transportation system is not well developed. There are no railroads, roads are poor and rivers are only partially navigable. A substantial investment in transport has recently been undertaken in order to overcome these obstacles.

Radio:	160 sets per 1,000 people (1970)
Television:	5 sets per 1,000 people (1970)
Cinema:	3.8 seats per 1,000 people (1969)
Newspapers:	2 copies per 1,000 people (1969)

There is one daily newspaper.

School enrolment	1967-68	Primary: 93,000
		Secondary: 6,400

School attendance is over 90%.

Family Planning Situation

The Government is opposed to family planning and there are no organised services. Anti-contraceptive legislation is in force.

In August 1971, a UN seminar on 'The Participation of Women in Economic Life' was held in Libreville, with representatives from most African countries taking part. The meeting discussed family planning, and most delegates were favourable. High infant mortality rates were recognised as one of the chief barriers to family planning in Africa.

SOURCES

Europa Yearbook 1971

Africa 71

IMF Surveys of African Economies, Vol.I.

Situation Report

Distribution

Country IRAQ

Date JANUARY 1972.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		434,924 sq.kms.[1]
Total population	6,945,000	9,440,000 (1970)[1]
Population growth rate		3.1% (1970)[2]
Birth rate		47 per 1,000 (1970)[2]
Death rate		16 per 1,000 (1970)[2]
Infant Mortality rate		...
Women in fertile age group (15-44)		1,467,821 (1965)[1]
Population under 15		47.4% (1965 Census)
Urban Population		47.1% (1970)[3]
GNP per capita		US$310 (1969)[4]
GNP per capita growth rate		3.0% (1960-69)[4]
Population per doctor		3830 (1967)[5]
Population per hospital bed		470

1. U.N. Demographic Yearbook, 1970.
2. Local estimate
3. U.N. Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas 1971
5. U.N. Statistical Yearbook, 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

The Republic of Iraq is basically an agricultural country. Since the climate is very arid, the bulk of the population is concentrated along the two great rivers, the Euphrates and the Tigris, where irrigation is possible. The overall population density is 21 per sq. km. The capital is Baghdad with a population of nearly two million.

Agricultural expansion which has taken place in recent years and which is planned for the future, is based on the better management of the two large rivers. The irrigation facilities provided by the new dams built during the 1960s will add to the arable land an area nearly as large as that already cultivated.

Language

Arabic is the prevalant language but Kurdish, Turkish and Persian are also spoken.

Ethnic Groups

The majority of the population is of Arab descent but there are other important ethnic groups, especially the Kurds.

Religion

About 95% of the population are muslims.

Economy

Rice, wheat and barley are the most important agricultural products for local consumption and dates are by far the most important export crop. Iraq dates are considered among the best in the world, and Iraq, together with Egypt is the world's largest producer.

The main source for foreign exchange is the petroleum industry, which has been expanding rapidly with the discovery of new deposits. There are also refining facilities in Iraq. The income accruing from petroleum provides funds for investment in industrial development. However, in spite of the plans to lessen the dependence on agriculture, industrial expansion is cautious as the Government does not wish to proceed more rapidly than the supply of trained manpower will permit.

Communications/Education

The daily press was completely reorganized in 1967. There are now five government-controlled newspapers. Radio and television are also government owned. In 1969 there was approximately one million radio and 250,000 television receiver.

Education is free and great efforts are being made to reduce illiteracy and to provide skilled manpower for the planned industrial expansion. Since 1958 more than 1,500 new primary schools have been opened and between 1962 and 1965 the expenditure on education more than doubled. In 1967 the adjusted school enrolment ratio was 69% for primary and 24% for secondary schools. There are five universities.

Medical/Social Welfare

A limited Social Security Scheme was introduced in 1957. Benefits are given for old age, sickness, unemployment, maternity, marriage and death. In public health the main emphasis is on the upgrading and expansion of the network of the basic health centres and maternity and child health clinics.

II. FAMILY PLANNING SITUATION

There is a newly founded Family Planning Association in Iraq. Contraceptive advice and services are available through the Association's clinic in the largest maternity hospital in Baghdad. Private practitioners also give advice.

Findings of a recent survey have indicated that the most common contraceptive method in Iraq is the oral pill, followed by the condom and withdrawal. It is estimated that some 40,000 women use oral contraceptives.

Government Attitude

The official policy in Iraq is that family planning is a social welfare measure. The Family Planning Association is receiving official encouragement and the Ministry of Public Health is exploring ways of integrating family planning services into the basic health network.

Legislation

There is no anti-contraceptive legislation. Abortion is prohibited but therapeutic abortion, on strict medical grounds, is undertaken by the public health service.

Family Planning Association

Address: Iraqi Family Planning Association
Kharkh Maternity Hospital
Baghdad.

Chairman:	Dr. F.H. Ghali
Vice-chairman:	Dr. K.A. Naji
Secretary General:	Dr. S.H. Al-Tikriti
Hon. Treasurer:	Dr. A.L. Al-Ani

History

In 1970, a group of doctors founded the Family Planning Section of the Iraqi Medical Association as a first step towards organising voluntary family planning activities. The IPPF assisted the Family Planning Section with a grant to cover its activities during 1970 and 1971.

In July 1971, the Family Planning Section was formally changed to the Iraqi Family Planning Association and registered. The Association was officially charged with developing family planning activities throughout the country. The Iraqi Family Planning Association became an associate member of the IPPF in October 1971.

The most immediate task of the new Association will be organising a series of conferences and lectures to introduce the concept of family planning to general public. The Association hopes to work in close co-operation with the Ministry of Public Health to explore the possibility of integrating family planning services into the basic health network.

Services

The Association, in collaboration with the hospital, runs a clinic at the Kharkh Maternity Hospital in Baghdad. During the first half of 1971, more than 500 IUDs were inserted in this clinic.

Information and Education

The Association is planning to create general public awareness for family planning through seminars, conferences and other information and education activities. During 1972 a pamphlet will be published for general distribution.

Training

It is planned to train 20 to 30 personnel selected from some of the health centres in 1972. In 1970 a doctor and a nurse and in 1971 two doctors and a nurse/midwife were trained under IPPF Regional Training Scheme.

IPPF Assistance

The IPPF granted US$12,000 to cover the expenses of the Family Planning Section of the Iraqi Medical Association in 1970 and 1971. The grant for 1972 is US$22,000.

Other Organizations

World Health Organization - Family Planning was one of the main subjects discussed at the seminar organized by WHO in 1970. A WHO adviser is currently working with the Government to study the possibilities of integrating family planning services into the basic health network.

Situation Report

Distribution *

Country JORDAN

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839—2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			97,740 sq.kms.[1]
Total Population	1,320,000	1,695,000	2,317,000 (1970)[1]
Population growth rate			3.7% (1965-70)[1]
Birth rate	45	46.3	49.1 per 1,000 (1965-70)[1]
Death rate	11.1	15.9	16 per 1,000 (1965-70)[1]
Infant Mortality rate			105 per 1,000 (1970)
Women in fertile age group (15-44)			409,082 (1966)[1]
Population under 15			45%[1]
Urban population			46.6% (1970)[2]
GNP per capita			US$280 (1969)[3]
GNP per capita growth rate			4.7% (1960-69)[3]
Population per doctor		4,800 (1963)	3,680 (1968)[4]
Population per hospital bed			580 (1966)[4]

1. U.N. Demographic Yearbook 1970.
2. U.N. Monthly Bulletin of Statistics, November 1971.
3. World Bank Atlas 1971.
4. U.N. Statistical Yearbook 1970.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

The Hashemite Kingdom of Jordan is a constitutional monarchy. The capital is Amman with a population of 450,000.

The Jordanian economy has twice been disrupted during the wars in 1948 and in 1967. At the end of both wars there was a mass influx of refugees. Of the total population of about 2.3 million, no less than 747,000 are refugees. One of the results of the 1967 war was the occupation of the West Bank of Jordan.

Language

The official language is Arabic.

Religion

Islam is the state religion and over 90% of the population are Muslims.

Economy

After more than a decade of very rapid economic growth the gross national product of Jordan was seriously reduced as a result of the 1967 war. Since then there has been a rapid expansion in the production of phosphates for export. Nevertheless Jordan is still dependent upon economic assistance, mainly from the countries of the Arabian peninsula.

Communications/Education

There are 136 radio (1965) and 8 television (1968) receivers per 1000 population.

The compulsory stage of education has recently been extended from six years to nine years. The latest statistics indicate that more than 80% of all children at the primary school level and between 35 and 60% at the secondary school level are enrolled in schools. This places Jordan as one of the countries in the Middle East with a well-developed educational system. There is a university in Amman.

Medical/Social Welfare

There is no comprehensive welfare scheme. The presence of a large number of refugees creates various social problems. While United Nations Relief and Works Agency (UNRWA) assists in the care of the refugees who cane before the 1967 war, Jordan has assumed full responsibility for the refugees who came after this war.

II. FAMILY PLANNING SITUATION

Family planning advice and services are available from the clinics of the Jordan Family Planning and Protection Association, from clinics of the Women's Federation and the clinics operated by the Near East Council of Churches.

Government Attitude

Although there is no official policy on family planning the Government has supported the Association and an annual grant was made by the Ministry of Social Affairs until the June was in 1967. King Hussein was one of the signatories of the World Leaders Declaration on Population.

Legislation

There is no anti-contraceptive legislation. Abortion is illegal but in practice accepted on medical grounds.

Family Planning Association

Jordan Family Planning and Protection Association,
P.O.B. 19999,
Jerusalem.

Telephone 83636

President : Miss Zehlika Shehabi
Secretary-General : Judge Hassam Abu Maizar

The Association was founded in March 1963 by Dr. Isam Nazer in co-operation with the Women's Federation of Jordan. It was officially registered in May 1964 and became a full member of the IPPF in 1965. The aims of the Association are to create a favourable public and official attitude towards family planning and to provide contraceptive advice and supplies. It is among the expressed aims of the Association to combat the rising trend of induced abortion.

Services

The first clinics were opened in the child care and antenatal clinics of the Women's Federation of Jordan (affiliated to the Arab Women's Union). The JFP & PA has now 19 clinics. There are clinics in Jerusalem, Nablus, Beit Jala, Jericho, Beit Sahour, Gaza, Tulkarem, Hebron, Bireh and Halhul on the West Bank. On the East Bank clinics are operating in Amman and Zerka. These clinics are operated in co-operation with the Near East Council of Churches.

In spite of some setbacks because of the 1967 war, the Association has continued and has been able to expand its clinic activities. The Hebron and Halhul clinics were opened after the war. The Association provides all the supplies for the Swedish Health Centre in Gaza.

In 1969, 3,293 new acceptors and 38,601 old patients attended the Association clinics. 740 IUDs were inserted in the clinics offering this method.

In 1970 about 2,000 new patients visited the clinics. The most commonly accepted method is the oral pill. The JFP & PA estimates that 60,000 cycles of pills are sold commercially. The total number of visits to Association clinics has reached to some 100,000 since 1963 when the Association was founded.

Information and Education

The Association carries out most of its family planning education activities within the clinics. There has been some coverage of various aspects of family planning in the local press, radio and television.

The JFP & PA has published a pamphlet for general distribution and plans to produce a quarterly bulletin. Another publication of the Association was a study on characteristics of clients.

Meetings and seminars on family planning have been organised in many towns. A mobile audio-visual unit which was a part of IPPF assistance to the Association will be used to expand information and education activities.

Training

On-the-job training has been given to doctors in the clinics and several doctors have participated at IPPF Regional Training Scheme.

IPPF Assistance

The IPPF has assisted the JFP & PA since it was founded. The 1972 grant is US$30,000. In addition, grants have been given to the Near East Council of Churches to enable this organisation to include family planning services in its health centres.

Other Organisations

The Pathfinder Fund, The World Council of Churches, CARE and the Swedish International Development Authority (SIDA) have at various times assisted with supplies of contraceptives, and clinical equipment.

Sources

Reports of Jordan Family Planning and Protection Association to IPPF.
Europa Yearbook 1971.

Situation Report

Distribution*

Country KUWAIT

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1

01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			16,000 sq.kms.
Total Population		278,000	711,000 (1970 est)
Population growth rate			6.6%+ (1965-70)
Birth rate			43.3 per 1000 (1965-70)
Death rate			7.4 per 1000 (1965-70)
Infant Mortality rate			....
Women in fertile age group (15-44)			77,896 (1965)
Population under 15			49.1%
Urban population			56.3% (1970)
GNP per capita			US$3,320 (1969)
GNP per capita growth rate			-4.3% (1960-69)
Population per doctor			830 (1969)
Population per hospital bed			150 (1967)

+The very fast rate of increase is due in part to immigration though the rate of natural increase is also very high.

*This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Kuwait is a Sheikhdom but there is a National Assembly to advise the Ruler. The greater part of the country is desert or semi-desert and can only support limited nomadic agriculture and a small fishing industry. 20 years ago Kuwait was a bare desert country with few amenities and a GNP per capita estimated at $US20. Today it can be counted as the richest country in the world as measured by per capita income. This is due to the vast quantities of high grade oil found in Kuwait itself and in Kuwaiti territorial waters. The extraction costs of Kuwait oil are the lowest in the world. Well over half the GNP and nearly 100% of the government budget is derived directly from oil, and much of the remainder is indirectly derived from oil - construction, transport etc.

Though proven oil reserves are substantial, the Government is trying to lessen the almost total reliance on this one product, and to increase employment possibilities. Through the desalination of sea water, limited agriculture is being carried out but most food-stuffs are still imported. The fisheries are expanding and there is a good supply of shrimps from the Gulf which are frozen in a local processing plant and exported.

Language

Arabic is the official language but English and Persian are widely spoken.

Religion

Islam is the official religion.

Medical and Social Welfare

The incomes accruing from oil have enabled Kuwait to set up one of the most elaborate welfare states in the world. Education is free at all stages, as are health services and other social services. All types of social benefits are provided. Personnel for the staffing of this system at the present day is largely made up of expatriates, owing to the shortage of qualified Kuwaiti manpower.

Communications and Education

In 1967, 5 daily newspapers had a total circulation of 28,000 i.e. 52 per 1000 inhabitants. There were 101,000 radio and 90,000 television sets in 1969.

II. FAMILY PLANNING SITUATION

There is no formal policy towards family planning in Kuwait and the population growth through immigration is at an extremely high level. High immigration rates into Kuwait are mainly due to the excellent employment opportunities and do not present Kuwait with any economic problem. Over the past decade much effort has been devoted to improving demographic statistics and these can now be considered as reliable.

There is no family planning association in Kuwait. Individual doctors give family planning advice and supplies are available commercially. Should the decision be taken to sponsor family planning work, there is a very adequate health service available to help implement this.

Situation Report

Distribution *

Country LESOTHO

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			30,355 sq.kms.
Total population	588,000	724,000(1958)	1,043,000(1970)[1]
Population growth rate			2.8%(1963-69)[2+]
Birth rate			38 per 1,000 (1965-70)[1]
Death rate			21 per 1,000 (1965-70)[1]
Infant mortality rate			181 per 1,000 (1965-70)[1]
Women of fertile age (15-44)			213,631(1962)[2]
Population under 15			42.5% (1969)[2]
Urban population			1.7% (1970)[3]
GNP per capita			$80 (1968)[4]
GNP per capita growth rate			0.0%(1960-69)[5]
Population per doctor			22,820 (1969)[6]
Population per hospital bed			470 (1969)[6]

1) UN Demographic Yearbook 1970

2) UN Demographic Yearbook 1969

3) Kingsley Davis, World Urbanisation 1950-70

4) World Bank Atlas 1970

5) World Bank Atlas 1971

6) UN Statistical Yearbook 1970

+ The figure for annual population growth rate in UN Demographic Yearbook 1970 for the years 1963-70 is 4%.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Lesotho, once the British Protectorate of Basutoland, became independent in 1966, under the premiership of Chief Leabas Jonathan. Chief Jonathan has continued in power despite the fact that he was defeated in the January 1971 general election.

Lesotho is one of the few countries in Africa where over-population is an obvious problem. Large parts of the east are unsuitable for human settlement, and the population is concentrated in the western lowlands and in valleys of the upland zone. Average population density is 34 per square kilometre. Population pressure has led to permanent settlement up to as high as 8,000 feet, in areas formerly only used for grazing, to serious soil erosion, and to migration to South Africa.

Ethnic Groups

Apart from a couple of thousand Europeans and a few hundred Asians, the population is Basotho.

Language

The local language is Sesotho. English is the official language, and the language of instruction from secondary school level upwards.

Religion

At the time of the 1956 census, 33.8% of the African population were Roman Catholic, almost 22% were French Protestant, 9.4% were Church of England, and 5.7% were Christians of other denominations.

Economy

Agriculture is the mainstay of the economy, accounting for about two-thirds of the gross domestic product, and subsistence agriculture for at least one quarter. There is about one acre of arable land per head of resident population. No land can be alienated to non-Basotho. The country is not well endowed with natural resources, apart from water. The country may benefit from the building of a dam on the Orange River at Oxbow which would provide hydro-electric power. Manufacturing accounted for only 0.7% of GDP in 1966 - 67. There are only about 2,000 wage paying jobs in the country. Poverty and lack of opportunity at home impel many people to seek employment in South Africa, generally on short-term contracts with gold mines and collieries. During 1967, 77,414 Basotho were employed in coal and gold mines in South Africa. At any one time, a very large proportion of the country's able-bodied male labour is absent from the country.
A landlocked country, totally surrounded by South Africa, Lesotho's economy is necessarily closely linked with South Africa, and together with Botswana and Swaziland, forms a customs union with South Africa. All four countries receive a proportion of the revenue collected.

Main exports in 1968 were livestock, and foodstuffs such as wheat, peas and beans. Also exported were wool, mohair, hides and skins, and diamonds.

Communication/Education

The country is linked to the railway system of South Africa by a short line from Maseru, the capital city. Improvement of the road system has been given priority. A scheduled passenger service to Johannesburg connects Lesotho with international air routes. In 1965 there was one cinema, and in 1970 there were 6 radio sets per 1000 people.

School enrolment 1968: primary - 179,386; secondary - 4,141.
There is one university which registered 159 Basotho students in 1968.

Education is compulsory and free for all aged 6 - 14 years, and is largely in the hands of the missions under the direction of the Ministry of Education. The Government pays about 90% of expenses. The literacy rate, estimated at 40% in the 1966 census, is high for Africa.

Medical

Malnutrition is common among the 1-5 year age group. As a result of drought and crop failure Lesotho was declared famine stricken in July 1970, and emergency food supplies had to be airlifted in from a number of external sources.

II. FAMILY PLANNING SITUATION

The Lesotho Family Planning Association (LFPA) is now setting out to expand its activities again, after having been closed down a number of times by the Government in 1970.

History

The Association grew out of the work of Mr and Mrs Robinson, a retired British couple, during 1966-67, and the Lesotho Family Planning Association was officially registered in 1968. Since then, it has been closed down six times by the Ministry of Health, and in April 1970, Mr and Mrs Robinson the Hon. Secretary and the Hon. Treasurer, were deported. The Association's Maseru clinic reopened in June 1970, but was attached for working purposes to the Scott Hospital at Morija, 28 miles from Maseru. During this period, the affairs of the Association were directed by Dr. N.D. Abbey, a Canadian missionary doctor working at Scott Hospital. In August 1971 the LFPA was reconstituted and a wholly African committee was elected in December. LFPA is now attempting to expand activities again with the apparent permission of the Ministry of Health.

Family Planning Association Address

Lesotho Family Planning Association,
P.O. Box 99,
Maseru,
Lesotho.

Personnel

Chairman	:	Dr. S.T. Makenete
Vice Chairman	:	Dr. C.N. Mokose

Services

Scott Hospital reported that at the end of 1970 there were 187 patients fitted with IUDs, 110 on Depo Provera, and 356 taking oral pills. The LFPA put out a half-year report for January - June 1971, which showed 405 contraceptive client visits, of which 122 were new acceptors. 67 subfertility cases were also seen. A staff of 3 were employed during this time.

Information/Education

Information and education work has been limited by a Government order prohibiting public meetings, so that most work has been done on a person-to-person basis. It is hoped that this restriction will be removed in 1972.

Family planning booklets and pamphlets are given out in clinics. In October 1970 a day's course for fieldworkers was organised by Dr. Abbey. 8 voluntary fieldworkers were employed by LFPA in mid-1971. Fieldworkers do house to house visiting and also sell contraceptive pills. One of the fieldworkers was a qualified nurse/midwife.

Training

During 1970 two nurses, Mrs. Taona and Mrs Tlalle, staff at the Maseru clinic, received training in Nairobi.

Government

In 1968 Chief Jonathan made a statement expressing concern about the increasing pressure of population, but Roman Catholic influence in Government (the cabinet is predominantly Catholic) is against family planning. Recent signs are that the Government is adopting a slightly more favourable attitude towards family planning in Lesotho, and the LFPA is hopeful that it will now be able to carry on its activities without interference.

Minister of Health : Mr. C.D. Molapo

Other Organisations

IPPF gives an annual grant to the LFPA.

OXFAM has contributed towards agricultural development and a Flying Doctor Service.

Pathfinder Fund and World Neighbours have given some limited support to family planning work.

WHO has a $120,000 project in Lesotho which includes a doctor who is expected to provide family planning services.

USAID has a project to establish a child spacing programme within an MCH scheme at Tsakalo.

SOURCES

Europa Yearbook 1971.
Africa 71.
Report of Work of the Lesotho Family Planning Association June 1970 - June 1971.
Annual Report of the Lesotho Family Planning Association for 1970.

Situation Report

Distribution *

Country LIBYA

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			1,759,540 sq.kms.
Total Population			1,869,000 (1970 est)[1]
Population growth rate			3.7% (1965-70)[1]
Birth rate			45.9 per 1000 (1965-70)[1]
Death rate			15.8 per 1000 (1965-70)[1]
Women in fertile age group (15-44)			305,744 (1964)[2]
Population under 15			43.6% (1964)[2]
Urban population			28.2% (1970 est)[3]
GNP per capita			US$1,510 (1964)[4]
GNP per capita growth rate			21.7% (1960-69)[4]
Population per doctor			3,140 (1968) 5
Population per hospital bed			340 (1968) [5]

1. United Nations Demographic Yearbook 1970
2. United Nations Demographic Yearbook 1969
3. Kingsley Davis, World Urbanisation 1950-70
4. World Bank Atlas
5. United Nations Statistical Yearbook 1970

*This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Libya became a republic in 1969 after the abolition of the monarchy. The present Prime Minister and Chairman of the Revolutionary Command Council is Colonel Muammar al Gaddafi.

Libya is one of the largest countries in Africa, but it is estimated that only about 8% of the total area can be cultivated. As a result, about 95% of the population live along the narrow and reasonably fertile coastal strip, and in the major oases. In the rest of the country, pastoral nomadism is the norm, although many inhabitants of the more fertile areas also follow this way of life.

The capital, Tripoli, had a population of approximately 380,000 in 1964, the date of the last census.

Ethnic Groups

The population is of Arab or Berber origin.

Language

Arabic is the official language.

Religion

Islam is the state religion and most Libyans are Moslems.

Economy

Two decades ago Libya was by far the poorest and most under-developed country in North Africa, but this situation has changed rapidly since the discovery of oil in the mid-fifties. The income accruing from oil, cheaply produced and easily transported to markets in Europe, has facilitated the rapid expansion of public health services, education and agricultural development programmes. Crude petroleum is by far the largest export.

In the agricultural sector, sheep and goats are the most important source of livelihood, but barley and various fruits are also produced in significant quantities. The absence of rivers and unpredictable rainfall has not been conducive to a settled pattern of agriculture. The adoption of modern agricultural methods will need to be preceded by the development of underground water resources for irrigation. It is known that large underground reservoirs exist, and the oasis of Kufra, in particular, is in the process of being developed.

The industrial base of Libya is very small, but the increase in incomes and demand for support industries for the petroleum industry has led to an expansion of the transport and construction industries in particular. There are bottling and cigarette factories.

Communication/Education

School enrolment 1966-67: primary 215,841
In 1967-68 there were 2,494 students enrolled at 7 centres for higher education. A National University with faculties in both Benghazi and Tripoli was founded in 1958. The Government is attempting to eradicate illiteracy through adult education. The educational system has been almost entirely developed over the last 30 years.

Radios: 107 sets per 1000 people (1970)
Television: 10.7 sets per 1000 people (1970)

There are 6 daily newspapers, 4 in Tripoli and 2 in Benghazi.

Practically all the towns and villages of Libya, including the desert oases, are accessible by motor vehicle, although the going may be rough. Oil is exported from 5 ocean terminals which are connected by pipelines to the oil fields.

II. FAMILY PLANNING SITUATION

There are no organized family planning services available, and the official policy is that the country is under-populated. However, interest in the health aspects of family planning is growing among medical and paramedical personnel, some of whom have been trained by IPPF.

Pharmacies are not allowed to sell contraceptives without medical prescriptions and doctors are instructed not to prescribe them except for medical reasons. Abortion is illegal, but punishment may be reduced if the pregnancy is illigitimate.

Sources

Europe Yearbook 1971.
Africa 71.

Situation Report

Distribution*

Country SAUDI ARABIA

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			2,149,690 sq.kms.
Total Population		6,530,000 (1963)	7,740,000 (1970 est)
Population Growth rate			2.7% (1965-70)
Birth rate			50.0 per 1000 (1965-70)
Death rate			22.7 per 1000 (1965-70)
Infant Mortality rate			...
Women in fertile age group (15-44)			...
Population under 15			...
Urban population			23.6% (1970)
GNP per capita			US$380 (1969)
GNP per capita Growth Rate			7.1% (1960-69)
Population per doctor			10,700 (1968)
Population per hospital bed			1,130 (1968)

*This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Saudi Arabia is a monarchy. The administrative capital is Jeddah and the royal capital is Riyadh.

Saudi Arabia is one of the most traditional countries in the world. Its modernization process dates back only to the Second World War, when oil, in commercial quantities, was discovered. This oil now represents the major income of Saudi Arabia. Most of the population is engaged in agriculture and here there are two distinct categories. About one third of the agricultural population subsist in settled agriculture along the coast and in oases, where a wide range of fruits and cereals can be grown in addition to some livestock raising. Two thirds can be termed nomadic or semi-nomadic living mainly from live-stock and who wander according to the seasons and the availability of water supplies, throughout the vast tribal areas. There is no other country in which such a large proportion of the population leads a nomadic life, and this creates some very difficult problems with respect to the promoting health services and education. It is Saudi Arabia's policy to gradually settle as many of these nomads as possible, on reclaimed agricultural land, to be watered by newly developed underground water resources.

Besides agriculture, oil plays a predominant part in the economy of Saudi Arabia, though in terms of employment, the construction industry is the most important. This industry is rapidly expanding both to meet the needs of the petrochemical industry and to meet the needs of the rapidly expanding cities.

Other industries are being promoted, especially through the State owned PETROMIN which channels oil-reserves into the industrial sector. Bottling plants, Asphalt, Cement, Fertilizer and other industries are among the ones expanding in Saudi Arabia.

Ethnic Groups and Language

The population is Arab and Arabic is the only language spoken.

Religion

The population of Saudi Arabia is Muslim and Islam was founded and first gained strength in the area which is now Saudi Arabia. Two of the holiest cities of Islam, Mecca and Medina, where the Prophet Mohammed is buried, are both in Saudi Arabia. At least 300,000 people from outside the country undertook a pilgrimage to these cities in 1967 and 1968. Islam plays a very important role in both the administrative and judicial system of the country.

Medical and Social Welfare

Oil revenues have enabled the Saudi Arabia Government to provide free medicine and medical care for all citizens and foreign residents.

Communications and Education

In 1967, 5 daily newspapers had a total circulation of 46,000, i.e. 7 per 1000 inhabitants. There are two radio and two television stations, about a million radio and 50,000 television sets.

The sparsely populated country with a large nomadic element in the population will always have its particular difficulties in expanding its educational system and Saudi Arabia is no exception. Elementary, secondary and higher education is free but not compulsory but in spite of strong efforts on the part of the Government, the adjusted school enrolment ratios are 29 and 6, at primary and secondary levels respectively - among the lowest in the Middle East.

The University of Riyadh was founded in 1957, and there is a private University in Jedda and an Islamic University in Medina. None of these universities have medical schools at present. There are technical schools In Dharan and Jedda, the latter under the auspices of the United Nations and the Government, the former devoted to petrochemical studies.

II. FAMILY PLANNING SITUATION

There is no family planning association and no official stand on family planning. Demographic information is very deficient but a census and a demographic survey is planned for 1972-1973.

Situation Report

Distribution *

Country SWAZILAND

Date JANUARY 1972.

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES.
Area			17,363 sq. kms.
Total population	240,511 (1956)		408,000 (1970)1.
Population growth rate			3% (1965-70)1.
Birth rate			52.3 per 1,000 (1965-70)1.
Death rate			23.5 per 1,000 (1965-70)1.
Women of fertile age (15-44)			37,291 (1970)1.
Population under 15			47.6% (1970)1.
Urban population			4.3% (1970)2.
GNP per capita			US$ 180 (1969)3.
GNP per capita growth rate			3.2% (1960-69)3.
Population per doctor			7,740 (1969)4.
Population per hospital bed			290 (1968)4.

1. UN Demographic Yearbook 1970.
2. Kingsley Davis, World Urbanisation 1950-70
3. World Bank Atlas 1971.
4. UN Statistical Yearbook 1970.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Swaziland is a constitutional monarchy and a member of the British Commonwealth since independence in 1968. The reigning monarch, King Sobhuza II, retains some executive power.

One of the smallestcountries in Africa, with one of the highest birth rates, Swaziland is surrounded by South Africa on three sides and Mozambique on the fourth.

The area round the capital, Mbabane, has a population of over 13,000. Density is about 24 per square kilometre.

Ethnic Groups

The population is composed almost entirely of members of the Swazi tribe. There are some 12,000 non-Africans, mainly Europeans.

Language

Siswati is spoken by most Africans. English is the official language.

Religion

About 60% of the population is Protestant, while 40% follow traditional beliefs.

Economy

Swaziland is the richest of the former British High Commission Territories in southern Africa, but development has been sporadic. Pockets of considerable prosperity and technological advance are surrounded by a rudimentary form of agriculture based on the family homestead rather than the village. Much of the country's wealth goes to the small minority of non-African residents or foreign-owned companies. Almost half of the land belongs to European farmers or European companies.

Every year, a proportion of the able-bodied African men seek employment in South Africa, generally on short term contracts in gold or coal mines. During 1969, more than 8,000 swazis were recruited for work in South African mines.

Together with Botswana and Lesotho, Swaziland forms part of the South African customs and monetary area.

Main exports in 1968 in order of importance were: iron ore, sugar, asbestos, wood pulp, citrus fruit, and meat products.

Communications/Education

Main links to the sea, by rail and road, are through Mozambique. There is an international airport at Matsapa.

Radio:	30 sets per 1,000 people (1970)
Cinema:	3.5 seats per 1,000 people (1970)

There is one daily newspaper, and no television.

School Enrolment

1968 - primary: 62,000, secondary: 6,000

The educational system has only recently begun to be developed, but primary school attendances are now about 50%. Most students for first degrees go to the University of Botswana, Lesotho and Swaziland at Roma in Lesotho.

Medical

Public health services are not well developed. Statistics of doctors per 1,000 population are misleading in that many doctors are in private practice. Expectation of life is about 41 years.

FAMILY PLANNING SITUATION

No private family planning programme is in operation, with the exception of what is available from individual doctors.

The Government has expressed its interest in the provision of family planning services through public health centres and hospitals.

In order to assist the Swazi Government to establish its approach to family planning, a UNFPA mission visited the country in May 1970, and carried out a brief survey. A number of recommendations were made, including an offer of 2 doctors, training fellowships, educational materials and contraceptive supplies. The Government has accepted the recommendations and at the end of 1971 agreed in principle to set up a family planning programme under United Nations auspices.

Sources

Europa Yearbook 1971

Africa '71.

Country Statement to African Population Conference, Accra, 9th-19th December 1971.

Situation Report

Distribution *

Country SYRIA

Date JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			185,180 sq.kms
Total Population		4,561,000	+6,294,000 (1970 Census)
Population growth rate			3.0% (1970)
Birth rate			47.5 per 1,000 (1965-70)
Death rate			15.3 per 1,000 (1965-70)
Infant Mortality rate			114 per 1,000
Women in fertile age group (15-44)			995,000 (1965)
Population under 15			47% (1965 Census)
Urban population			38% (1970)
GNP per capita			US$260 (1969)
GNP per capita growth rate			4.7% (1960-69)
Population per doctor			3,880 (1969)
Population per hospital bed			950 (1969)

+Provisional

* This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

Syria is a Republic, the capital of which is Damascus; Homs Aleppo, Tartus, Latakia and Hama are the important cities. About 40% of Syrians are classified as urban, though this in part reflects the high population densities in some parts of the country.

The Syrian population is very unevenly distributed since large parts of the country are desert and subdesert capable of sustaining only small nomadic elements. The majority of the population is dispersed throughout the fertile area and most densely along the Mediterranean coast. The coastal strip is well watered and irrigation practises are on a high level.

Ethnic Groups and Language

The people of Syria are of mixed descent and Arabic is the official language. Small minority groups speak dialects of Turkish and Kurdish.

Religion

The greater majority of Syrians are Muslim. There are small enclaves of Christians, including a few isolated villages which descend directly from the first Christian congregations and where Aramaeic is still spoken.

Economy

The most important export is cotton where there has been an impressive increase in output. From a modest start in the early 1950's Syria is now producing an annual harvest which is approaching the size of that of Sudan.

Cereals, fruit, tobacco (including the famed Latakia) and cotton are grown for domestic and export use. In the interior the emphasis is more on cereals and animal husbandry for domestic consumption.

Industry is concentrated in the four largest cities and does not, as yet, contribute a very large proportion to the Gross National Product. Its contribution to employment is even less. On the other hand, traditional crafts and trading account for a rather large share of employment.

Oil has been discovered recently and its production is rapidly increasing. In addition Syria has a steady income from transit fees for oil-pipelines.

Communications and Education

There were 1,271,912 radio and 105,695 television receivers in use in December 1969.

The present 5 year development plan (1971-1975) aims at increasing school enrolment for compulsory six-year education to 80% of the total. An enrolment for 100% should be achieved when the 15 year perspective plan is terminated in 1985.

Medical/Social Welfare

In social affairs, the emphasis is on improving health conditions. The present 5 year plan envisages the expansion and upgrading of the basic health services so that the full range of preventive and curative health services will be available to the whole population by 1975.

II. FAMILY PLANNING SITUATION

Population growth is not officially seen as an important problem since there is still surplus land in Syria. However, there is an increasing interest in demographic statistics and in taking the population prospects into consideration in the planning process.

There is interest in family planning from the individual, professional and even official level and it is hoped that this may lead to the formation of a family planning association. Very recently a seminar was held in July 1971, organised by the Syrian Gynaecological Association on 'Family Planning and Population Dynamics'. Several doctors and nurses have been trained in family planning with the help of IPPF and it is hoped that this too will help towards the launching of a Family Planning Association in the near future.

Situation Report

Distribution*

Country: YEMEN ARAB REPUBLIC

Date: JANUARY 1972

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01. 839–2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			195,000 sq.kms.
Total population			5,733,000 (1970 est.)
Population growth rate			2.7% (1965-70)
Birth rate			50.0 per 1,000 (1965-70)
Death rate			22.7 per 1,000 (1965-70)
Infant mortality rate			...
Women in fertile age group (15-44)			...
Population under 15			...
Urban population			5.8% (1970)
GNP per capita			US$70 (1968)
GNP per capita growth rate			2.3% (1960-69)
Population per doctor			93,000
Population per hospital bed			2,350 (1964)

*This report is not an official publication but has been prepared for informational and consultative purposes.

I. GENERAL BACKGROUND

The Yemen is a republic, its capital is Sa'ana and Taiz is the second largest town. Hodeida is the main port.

The Yemen is one of the poorest countries in the world and the present development efforts are complicated by the lack of skilled personnel in all spheres, for example, WHO estimates that there is only one doctor for every 93,000 inhabitants.

The majority of the population is engaged in traditional agriculture, which, because of the wide range of climatic conditions is very varied. A wide selection of cereals, vegetables and fruits are grown and for a long time the most important export has been coffee. Cotton growing has been started recently, on a fairly large scale and the value of cotton exports is now as great as that of coffee.

Industry is virtually non-existent in the Yemen though a large textile factory was opened in Sa'ana recently and this has started production. Some other textile plants and a cigarette factory have been started and will shortly begin production.

Ethnic Groups and Language

The population is Arab, Arabic is the official language and there are no ethnic or linguistic minorities of any size.

Religion

Islam is the official religion and the basis of the judicial system.

Education and Social Welfare

The poverty and lack of educated manpower is evident in educational and social affairs. UNICEF estimates that there are areas in the Yemen where infant mortality reaches 400 per 1,000. Education is provided mainly by traditional religious instruction, though formal schooling is being introduced gradually. There are some vocational schools in the country and these are being upgraded. Plans are being drawn up for the training of personnel to enable the institution of a graded system of formal education and for expansion of the public health services.

II. FAMILY PLANNING SITUATION

There is no government policy on family planning and there is no family planning association. It is known that individual physicians give family planning advice.

In 1971 two Yemeni doctors participated in the training course held in Beirut and arranged by the American University of Beirut in co-operation with UNICEF and WHO. The two doctors later participated in a practical training course sponsored by the IPPF.